

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known		
FREE TRANSMITTAL for FY 2005 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/533,027	
		Filing Date	April 26, 2005	
		First Named Inventor	Devon Matthew Johnson	
		Examiner Name	Paulos M. Natnael	
		Art Unit	2622	
TOTAL AMOUNT OF PAYMENT (\$)		450	Attorney Docket No.	PU020450

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order

☐ None

☐ Other (please identify):

Customer Number 24498

☒ Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING INC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity	
Fee (\$)	Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
_____ - 20 or HP = _____ x _____ = _____

Multiple Dependent Claims
Fee (\$) **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Independent Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____


4. OTHER FEE(S)

Extension For Response Within Second Month

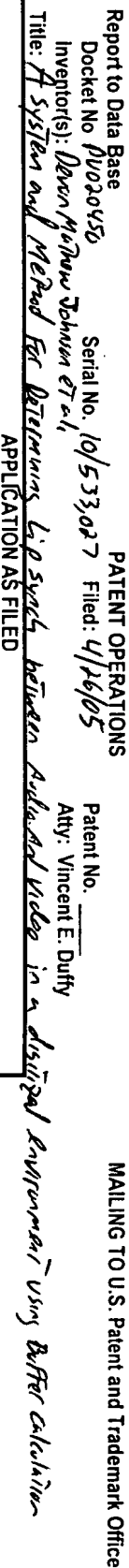
Fees Paid (\$)

450.00

SUBMITTED BY

Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	(818) 260-3727
Signature				Date:	6/04/06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



APPLICATION AS FILED						
Enter Date	Enter Number	Check Type	Check Items Mailed with Application			
		Independent Claims	Original-US Nat'l	<input type="checkbox"/>	Declaration	
		Claims In Excess 20	Divisional	<input type="checkbox"/>	Statement under CFR § 1.56-013M	
		Claim Pages	Continuation	<input type="checkbox"/>	Assignment & Recordation Sheet	
		Specification Pgs	CPL/RCE	<input type="checkbox"/>	Preliminary Amendment	
		Sheets of Drawings	Reissue		Priority Document -	
		Abstract Pages	Re-Exam	<input type="checkbox"/>	IDS 1449 with References.	
			US Provisional		Utility Application Transmittal	
	Charge	<input type="checkbox"/>				Express Mail Application Label No.: 6/4/67
Mailed 6/4/67	Due 4/4/67	AMENDMENTS	Mailed	Due	Fee Transmittal Sheet in duplicate	Date Deposited: 6/4/67
		After Rejection			Notice of Appeals	DUE FEES
		After Final Rejection			Appeal Brief	Filing Fee Exp.
		After Allowance U/R312			Reply Brief	Issue Fee
		Supplemental Voluntary			Pet. To Withdraw.	
		Letter to Exam/Draftsperson w/Drawing Correction(s)			REQUESTS	Ext Time§ 1.136(a) Add Payment of Fee Fee Trans Form in duplc.
		Pg(s) of Formal Dwg(s)			Cert. of Correction	TOTAL FEE AMT. \$450.00
		OTHER			OTHER	OTHER
		Lic. To For. File			Statement NASA	Appointment Atty/Agent
		Reg. Priority 35USC119			Terminal Disclaimer	Assignment & Record form
		Statement DOE			Claim Disclaimer	Letter to PO
		Statement under \$1.56			Status Letter	Notif. of Foreign Ref.
		IDS w/ references			Declaration	Correction Of Record
		Certificate of Mailing			Suppl. Declaration	